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# **An Update on Ebola Virus Disease For Frontline Healthcare Facilities**

## **May 7, 2019**

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California Department of Public Health  
Los Angeles County Department of Public Health

# Housekeeping

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At the end of the webinar we will address questions submitted online through the webex interface.

For additional questions: [Amanda.Kamali@cdph.ca.gov](mailto:Amanda.Kamali@cdph.ca.gov)

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# Objectives

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- Update on current Ebola Virus Disease (EVD) in the Democratic Republic of Congo (DRC)
  - To review how to identify a person under investigation (PUI), and isolate and notify
  - Share best practices/real world experiences
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# Agenda

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- Current outbreak in DRC and current Centers for Disease Control and Prevention (CDC) guidance
  - Discussion of infection control considerations for frontline facilities
  - How to Identify, Isolate, and Notify
  - Experience of frontline facilities
  - How Ebola Treatment Centers (ETC) prepare
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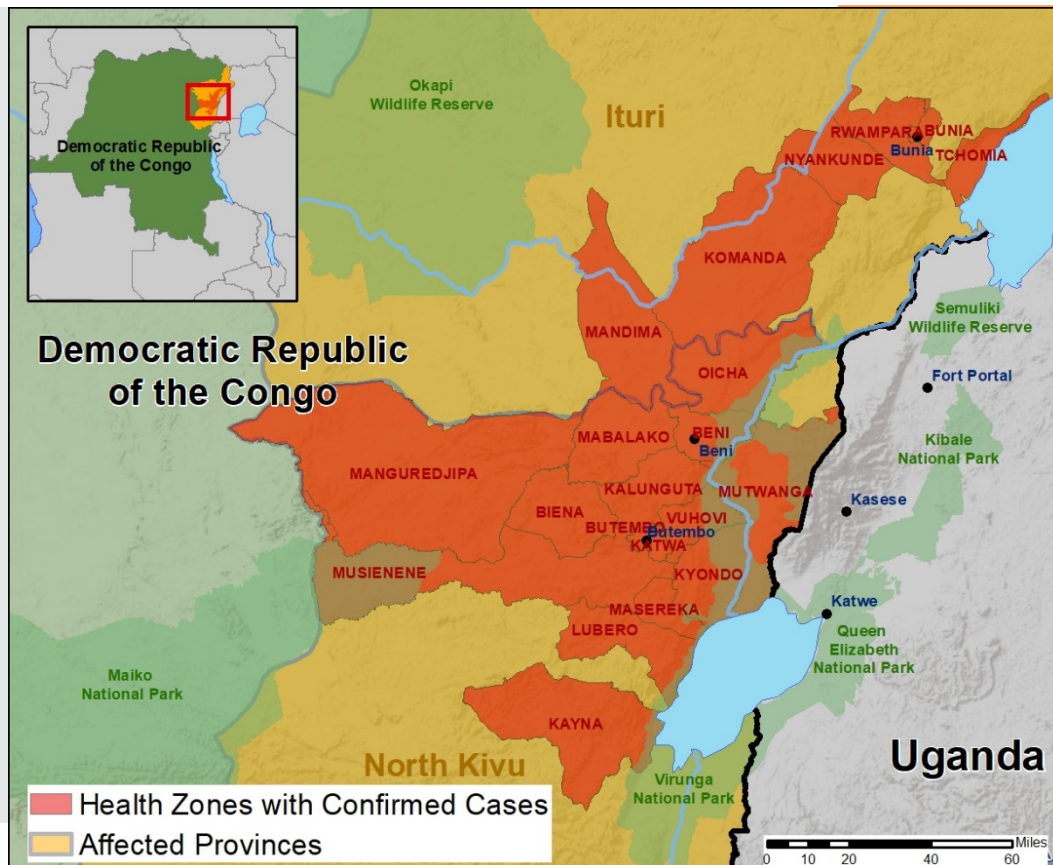
## Definition of a Frontline Healthcare Facility

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- Frontline Facility: all hospitals, urgent cares, emergency rooms where a patient with EVD may show up that is not a designated ETC or Ebola Assessment Hospital (EAH)
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# Democratic Republic of Congo (DRC) Outbreak



## DRC Outbreak

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- Outbreak declared August 1, 2018
  - 10<sup>th</sup> EVD outbreak in the DRC since discovered in 1976
  - 2<sup>nd</sup> largest EVD outbreak recorded
  - World Health Organization has not declared this a public health emergency of international concern.
  - 1466 cases, 1400 confirmed, 66 probable; 957 deaths as of April 30, 2019
  - Outbreak response hindered by conflict and violence
  - Increase in daily case counts and deaths in and out of ETC
  - Community deaths increase risk for further transmission
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# Current CDC Guidelines for Healthcare or Emergency Response Workers to areas with Ebola outbreaks

- Pre-deployment: education on Ebola virus transmission, personal protective equipment (PPE), vaccines/prophylaxis, travel health insurance
- During deployment: periodic checks to ask about potential exposure, alerting state or local health departments that a worker will be returning to their jurisdiction
- Prior to leaving: ensure workers are assessed for potential symptoms and exposure
- Post-deployment: responders should self-monitor for symptoms and remain in contact with their supporting organization
- CDPH and Local Health Departments (LHD) will work together to ensure that returning workers are monitored appropriately given individual risk assessment



# Expectations for California Healthcare Facilities

- All facilities should be able to:
  - Rapidly **identify** and triage PUI with relevant exposure history and signs or symptoms
  - Immediately **isolate**, and take appropriate steps to protect staff caring for the patient
  - Immediately **notify** the facility infection control program and other relevant staff, AND the local health department
- Coordinate with local and state health departments
  - Transfer PUI to an Ebola Treatment Center (ETC) or Ebola Assessment Hospital (EAH) as soon as possible
  - CDC guidance: all frontline facilities should be prepared to care for a PUI for 12-24 hours while awaiting transfer

# Minimize Exposure Risk During Time Between PUI Identification and Transfer

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- Develop protocols that minimize exposure risk, including:
    - Time from identification to isolation
    - Time to determination of PUI status
    - Number of staff that contact the PUI
    - Invasive procedures (e.g., blood draw, IVs)
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# Infection Control Preparations for California Healthcare Facilities

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- Prepare to identify, isolate and notify regarding highly communicable infectious diseases
    - Prioritize most likely scenarios
    - Implement triage screening for foreign travel
    - Determine a mechanism for performing detailed patient/family interview to rapidly clarify PUI status
    - Select and standardize personal protective equipment (PPE) ensembles
      - Repeated training and practice, especially doffing
    - Ensure enough appropriate PPE supplies to care for PUI while awaiting transfer
    - Identify and train small group of volunteer staff ahead of time to care for PUI
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# California-specific Ebola PPE Recommendations for Inpatient Hospital Settings

## Clinically stable, “dry”

## Clinically unstable, “wet”

PPE that covers all surfaces of the body, including head and neck, coverings for eyes, mouth, nose and skin; hair completely enclosed

- Face shield (not goggles)
  - Surgical N95 (or higher) respirator
  - Isolation gown
  - Two or more pairs of gloves
  - Boots or coverings for feet and lower legs
- Powered air-purifying respirator (PAPR) with full cowl or hood
  - Coverall with feet
  - Two or more pairs of gloves
  - Boots or coverings for feet and lower legs; under socks/boots integrated into coverall
  - Fluid-resistant or impermeable PPE material
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# Conclusion

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- DRC outbreak is ongoing though likelihood of cases outside DRC is low
  - Facilities and providers should maintain readiness to identify, isolate and notify when PUIs present
  - The concepts of identify, isolate, notify can be used not only for EVD, but other emerging and re-emerging infections:
    - Measles
    - Other special pathogens: MERS, novel influenza, etc.
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# Questions?

Thank you





# Acknowledgments

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